

OFFICE OF APPLIED STUDIES

Medical Examiner Reference Guide

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

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Chapter 1. Introduction

1.1 DAWN Is Different!

Starting in 2003, the Drug Abuse Warning Network (DAWN) will be different! Veteran DAWN Reporters, as well as new Reporters, need to learn about the new DAWN and its new procedures. Veterans may need to unlearn how they collected DAWN data in the past and try not to let “old ways” of identifying DAWN cases and collecting DAWN data get in the way. It is very important that every DAWN Reporter follow exactly the same guidelines and reporting procedures because inexact, incomplete, or inconsistent reporting jeopardizes the validity of the information from DAWN.

1.2 Overview of DAWN

DAWN is a public health surveillance system that monitors national and local trends in drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners. DAWN tells us where new drug problems are emerging, how old drug problems are changing, where public health resources might be needed, and which drugs and drug combinations are associated with the most severe health consequences.

DAWN data serve many purposes and are used by a variety of agencies and organizations, each of which has a particular interest in some aspect of the drug problem. Noteworthy users of DAWN include the Office of National Drug Control Policy (ONDCP), the Food and Drug Administration (FDA), and the Community Epidemiology Work Group (CEWG) and other drug researchers.

DAWN is the responsibility of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. SAMHSA is required to collect DAWN data by Section 505 of the Public

Health Service Act (42 U.S.C. 290aa-4). SAMHSA has contracted with Westat, a private research firm in Rockville, Maryland, to operate the DAWN data collection system.

DAWN data are collected regularly from two primary sources within the United States: emergency departments (EDs) and medical examiners and coroners (ME/Cs).

Emergency Departments (EDs): DAWN collects data on drug-related ED visits from a scientific sample of hospitals. These hospitals are selected to represent all hospitals in 21 major metropolitan areas and in the U.S. as a whole. Only non-Federal, short-stay, general medical and surgical hospitals that operate 7-day/24-hour EDs are eligible to participate in DAWN. Beginning in 2003, the DAWN sample will be expanding from 21 metropolitan areas to 48 metropolitan areas. Once the expansion is complete, approximately 900 hospitals will be participating in DAWN.

Medical Examiners and Coroners (ME/Cs): DAWN collects data on drug-related deaths reviewed by medical examiners and coroners. DAWN does not use a statistical sample of ME/C jurisdictions. (A jurisdiction is usually, but not always, equivalent to a county.) Priority is given to jurisdictions within the metropolitan areas represented in the ED component of DAWN, but a number of ME/C jurisdictions outside of those metropolitan also participate. Beginning in 2003, the ME/C component of DAWN will be expanding in parallel with the ED expansion. Every ME/C jurisdiction in each of the 48 metropolitan areas (about 300 jurisdictions in all) will be asked to participate in DAWN. About 140 jurisdictions in 40 metropolitan areas participated in DAWN before the expansion began.

DAWN is interested in deaths reviewed by medical examiners, coroners, and other officials responsible for death investigations. Generally speaking, a medical examiner is a physician who practices forensic medicine. A coroner may be a physician or a lay person who, typically, is not trained in forensic medicine. The type of official

responsible for death investigations varies across jurisdictions. Some of these officials are appointed; some are elected. In the U.S., 22 states and the District of Columbia investigate deaths using state, district, or county medical examiners; 18 states use both medical examiners and coroners; and 11 states use only coroners. Death investigation jurisdictions are eligible for DAWN, regardless of the type of official involved.

Not all deaths are reviewed or investigated by ME/Cs, and the rules that specify which deaths are referred to ME/Cs also vary by state and jurisdiction. Typically, deaths that are attributed to natural disease processes are not referred to the ME/C; in those cases, the decedent's treating or attending physician completes the death certificate. However, deaths not due to a natural process – such as homicides, suicides, or accidents – or unattended deaths or deaths that occur under certain other circumstances (such as those involving an unidentified person) usually are investigated by the ME/C for the area in which the death occurred. This variability in the types of deaths investigated by ME/Cs affects the cases that are available for consideration by DAWN, but in general, we believe that most deaths of interest to DAWN will be referred to ME/Cs in most jurisdictions.

Finally, the content of the death investigations may vary. Typically, the ME/C evaluates the medical history of the decedent, if known; performs an external physical examination; obtains body fluids for toxicologic testing; and investigates the circumstances of the death to determine cause and manner of death. Some cases also require a medicolegal autopsy to determine cause or manner of death. Other investigations to determine cause of death may involve fewer steps and processes.

1.3 How Does DAWN Work?

Recognizing the importance of DAWN data to the community and the Nation, hundreds of EDs and ME/Cs participate in DAWN. Each participating facility selects a DAWN Reporter to collect data on the facility's behalf. Some facilities appoint

a member of their own staff to report DAWN cases; other facilities work with Westat to identify and appoint an Independent Reporter, when needed. Westat is responsible for collecting and processing the data for SAMHSA.

In each participating ME/C, the DAWN Reporter reviews the death investigation records, identifies DAWN cases, and abstracts demographic and substance use information for DAWN. Individuals are never interviewed. For each DAWN Case, the DAWN Reporter records the information on a DAWN Case Form and submits the data to Westat for processing.

The DAWN Facility Liaisons (FLs), Westat's representatives in the field, visit participating facilities on a regular basis. The main purposes of these visits are to coordinate DAWN activities with ME/C facilities and staff, train reporters, evaluate data collection procedures, and solve reporting problems as needed.

The FLs and other Westat staff also conduct periodic field audits to verify that reporting criteria are fully understood and consistently used. To be a true "warning network," DAWN needs timely, complete, and consistent data. To achieve these goals, Westat has developed quality assurance procedures for identifying, tracking, entering, and transmitting DAWN data.

1.4 The DAWN ME/C Reporter

As a DAWN ME/C Reporter, you are responsible for gathering and recording DAWN data and transmitting these data to Westat. You rely on information in death investigation case files. It is your responsibility to:

- ***Review records*** for each death reviewed by the ME/C and ***identify DAWN cases*** accurately and consistently, based on the information contained in the record. (See Chapter 2)

- ***Track ME/C records*** reviewed and not yet reviewed. (See Chapter 2)
- Record information from the record accurately and completely on the electronic or paper DAWN ***ME Case Form***. (See Chapter 3)
- If reporting on paper forms, send completed ME Case Forms to Westat and complete the ***ME Cases Packing Slip***, indicating how many ME Case Forms are included in that mailing. (See Chapter 4)
- After the end of each month, complete and submit to Westat the ***ME Activity Report Form***. On this form, you will record the number of deaths reviewed by the ME/C that month and the number of decedent records reviewed for the months specified in the ME Activity Report. (See Chapter 4).

1.5 Assuring Confidentiality

Confidentiality of ME/C records is a matter of State law. However, confidentiality of data collected for DAWN is a matter of Federal law, and unlawful use or disclosure of DAWN data carries stiff penalties. This Federal law that restricts how DAWN data can be used and disclosed apply to you in your duties as a DAWN Reporter. These rules do not affect how ME/Cs are required (or not required) to protect decedent data.

It is your duty as a DAWN Reporter to keep the promise of confidentiality of DAWN data. During the course of reporting for DAWN, you will be given access to sensitive information for the purpose of identifying and reporting DAWN cases.

In your role as a DAWN Reporter, you:

- Do not collect direct decedent identifiers and do not transmit such identifiers in any form to Westat.

- Do not reveal to unauthorized individuals the identity of any decedent, health care provider, or other organization represented in the confidential data.
- Do not disclose to unauthorized individuals any identification codes or passwords that Westat provided to you for reporting DAWN data.
- Do not remove decedent records from the ME/C's designated site for any purpose associated with DAWN data collection.
- Do not use the data collected for DAWN for any other purpose.
- Do not use decedent information in a manner or place that violates the administrative, technical, or physical security requirements of the ME/C facility.

When serving as a DAWN Reporter, remember:

- Inadvertent or casual disclosure of information violates the confidentiality protections just as seriously as deliberate disclosure.
- Once an individual's privacy has been violated, it cannot be undone.
- Nondisclosure applies to all forms of communication – spoken, written, and electronic.

1.6 About Westat

In February 2002, SAMHSA awarded the DAWN Operations Contract (DOC) to Westat. Under this contract, Westat is responsible for the DAWN data collection, for implementing the DAWN data collection protocol, and for capturing data in order to rapidly turn it back to users.

Westat is an employee-owned research corporation serving agencies of the U.S. Government, as well as businesses, foundations, and state and local governments. Westat's research, technical, and administrative staff of more than 1,500 is located at the company's headquarters in Rockville, Maryland, near Washington, DC. An additional 1,100 staff members are engaged in data collection and processing at Westat's survey

processing facilities, at the Telephone Research Center facilities, and throughout nationwide field interviewing operations. Demonstrating technical and managerial excellence since 1961, Westat has emerged as one of the most respected contract research organizations in the United States.

Chapter 2. Identifying DAWN Cases: Guidelines

The process of identifying DAWN cases consists of the following steps:

1. Obtain the decedent records for deaths reviewed by the ME/C for which you are reporting.
2. Separate the records that are eligible for DAWN from those that are ineligible.
3. Review each eligible record to determine if the death is a DAWN case.
4. Keep track of which eligible records have been reviewed and which ones still need to be reviewed.

This chapter provides some basic guidelines for each of these steps.

Step 3 is the heart of DAWN reporting. It requires you to understand the criteria for determining whether an eligible death is a DAWN case and to apply those criteria consistently to the information contained in each record. The first part of this chapter covers the issues related to performing Step 3. The latter part of this chapter deals with Steps 1 and 4 as a combined topic.

2.1 Identifying DAWN Cases: Overview

Determining if a death is a DAWN case requires you to understand:

1. The DAWN case criteria
2. Which evidence in the record is used for identifying DAWN cases
3. How to interpret the evidence in the record
4. A few exceptions

2.1.1 Directly Reviewing Records to Identify DAWN Cases

Starting with deaths occurring on January 1, 2003, all DAWN Reporters must utilize the “Direct Record Review” protocol to identify DAWN cases. Direct Record Review is exactly what its name implies: as a Reporter, you determine whether a death is reportable to DAWN by reviewing the information in the decedent’s record that is related to the death and comparing it to the DAWN case criteria. Direct Record Review is the only approved method for identifying DAWN cases.

The term “record” refers to the decedent record, whether it is maintained on paper or in a computerized system. However, not every decedent processed by a ME/C facility is necessarily eligible for DAWN.

Therefore, your first goal is to determine which records are eligible for DAWN and to eliminate from consideration those that are “ineligible.” To do this:

Review and sort the death records at the ME/C facility into two categories, eligible and ineligible:

- **Eligible records** are those for:

Decedents who were seen by the ME/C for which you are reporting.

Decedents who were not seen by the ME/C, but whose records were reviewed by the ME/C to determine cause of death.

- **Ineligible records** are those for:

Decedents who were **not** seen and whose records were **not** reviewed by the ME/C.

This would include situations where a medical doctor such as the attending physician filled out the death certificate, but the ME/C certified the death or issued the death certificate.

2.2 DAWN Case Criteria

For deaths occurring on or after January 1, 2003, the DAWN case criteria are simple and broad. These DAWN case criteria are:

- Simple, to make the DAWN Reporter's job easier
- Very general and deliberately broad
- Intended to yield a wide variety of deaths related to drug use

It is especially important for veteran DAWN Reporters to understand these criteria fully because they differ markedly from the criteria used in the past.

2.2.1 DAWN Case Criteria: The Essentials

The criteria for identifying a DAWN case are stated as follows:

The death was induced by or related to drug use.

Rely on Evidence in the Record

To identify a DAWN case, the DAWN Reporter must find and evaluate evidence documented in the decedent's record. The DAWN case criteria require that the death be drug-related or drug-induced. In other words, drug use must be implicated in the decedent's death as a cause for the death or as a factor that contributed to the death. The relationship between the drug use and the death must be supported by evidence in the record.

The evidence that drug use is involved in the person's death may come from seven sources:

- Death Certificate
- Toxicology lab report
- Autopsy
- External physical signs
- Inspection of scene of death
- Statement of physician/family/friends
- Other information

If the death certificate, toxicology test report, or autopsy implicates drug use in the death, it is a DAWN case with few exceptions. The drug use may be noted in one or more of these sources.

However, a death from a natural cause or homicide where only the toxicology report indicates recent drug use is not a DAWN case. For example:

- *A person died from cancer and the toxicology report showed recent cocaine use. That death would not be a DAWN case because the death was not caused by or related to the cocaine use.*
- *A person who was high on PCP was killed in a fight, stabbing, or shooting. That death would not be a DAWN case because the death was a homicide; the death was not caused by or related to the PCP use.*
- *Homicides associated with drug trade (e.g., drive-by shootings) are not DAWN cases.*

For drug-related deaths, the relationship of the drug to the death may be presumed or confirmed, but it must be supported by the record.

Related to Drug Use

DAWN cases include use, misuse, and abuse of drugs. The key is whether drug use is implicated in this death as a cause or contributing factor.

It does not matter whether the decedent intended to use the drug properly or to abuse it.

Both drug-induced and drug-related deaths are reportable to DAWN.

“Drug-induced” means that the person’s death was directly caused by the drug(s). Such cases may include deaths from drug overdoses or adverse or allergic reactions to medications that were taken as prescribed or directed.

“Drug-related” means that the drug(s) contributed to the person’s death, but did not directly cause it. These cases may include deaths stemming from accidents or injuries resulting from drug use. Deaths involving decedents who were experiencing withdrawal from a drug on which they were dependent are reportable as DAWN cases.

Homicides

If the death is ruled a homicide and the method of homicide was a drug(s), the death is a DAWN case. No other homicides are DAWN cases.

Drugs

For DAWN, drugs include:

- All illicit (illegal) drugs, such as heroin, cocaine, marijuana, methamphetamine, PCP, LSD, and so forth.

- All prescription drugs and over-the-counter (OTC) medications.
- Dietary supplements, including vitamins, minerals, and herbal supplements typically taken for nutritional or medicinal purposes.
- Alcohol, subject to restrictions based on the decedent's age.
- Certain non-pharmaceutical substances that are inhaled.

Drugs that affect DAWN case determination

There are only two exceptions to the DAWN case criteria where the exceptions relate to specific drugs. They are:

- **Alcohol**
 - Underage drinking: Deaths involving alcohol alone are reportable for decedents younger than age 21.
 - Adults: Deaths involving alcohol alone are not reportable for decedents who are age 21 and older.
- **Non-pharmaceutical inhalants**
 - Deaths related to the use of non-pharmaceuticals are DAWN cases only if the substance was inhaled.
 - Deaths related to other uses of non-pharmaceutical substances are not DAWN cases.

These special rules are discussed in greater detail in Section 2.2.4.

Reviewed by the ME/C

“Reviewed by the ME/C” means that the ME/C made the determination of the cause of death. This may occur when:

- The ME/C saw the body and determined the cause of death, or
- The ME/C did not see the body but did review the decedent's file to determine cause of death.

If the ME/C only signed the death certificate but did not see the body or review the decedent's file to determine cause of death, the record is ineligible for DAWN and the death cannot be reported as a DAWN case. This distinction is important to make the deaths reviewed as consistent across facilities as possible.

2.2.2 Terminology Used in Your Facility's Records

Different ME/Cs may use different terms to describe the sections and contents of their records. The terms used by DAWN – cause of death, manner of death, and drug involvement in death– describe the types or categories of information. These categories may be found under other names in the records you review.

As a DAWN Reporter, one of your tasks is to become familiar with the terminology, content, and layout of the records used by your ME. You will become familiar with the specific locations in the record for the information that you need to identify DAWN cases and extract DAWN data items. You need to review all the relevant sections of the record, even if the information is not conveniently consolidated in one place.

2.2.3 Applying DAWN Criteria: Additional Considerations

There are a few other issues that will help you understand and apply the DAWN case criteria accurately and consistently. The following items address these issues.

Toxicology?

DAWN cases cannot be identified based on toxicology findings alone. That is, if a drug is mentioned only in the toxicology report, but not referred to in the cause of death, then the death cannot be a DAWN case.

The reason for this is simple. Toxicology findings may include recent medications that did not cause or relate to the person's death or medications administered in the field, during transport, or during treatment prior to death.

If the record includes a toxicology report or documents the results of one, you should review this information. Toxicology may help you to determine if the death is a DAWN case, and it will certainly help you to identify which drug(s) to report on the DAWN ME Case Form. Toxicology reports provide important supporting evidence of drug use, but not the deciding evidence.

History of Drug Use?

Only information in the record that pertains to the person's death is relevant in deciding if it is a DAWN case. Information in the record about prior use, complaints, treatments, or diagnoses related to drugs are not relevant in determining if the death is a DAWN case, unless the ME/C specifically indicates in the decedent's record that the death was induced by or related to drug use.

Do not fall into the trap of assuming that every death of "a known substance abuser" is automatically a DAWN case.

Use or abuse of drugs?

DAWN cases include deaths involving the use, misuse, and abuse of drugs or substances. DAWN is not merely concerned with what people generally consider drug "abuse." Rather, DAWN is concerned with all deaths that are induced by or related to drug use. If drug use is implicated in the death, it is usually a DAWN case.

It does not matter whether the decedent used the drug properly or improperly; for example:

- If a person took one aspirin and died from an adverse reaction to it, the death is a DAWN case.
- If a person accidentally overmedicated on aspirin and suffered an overdose, the death is a DAWN case.
- If a person committed suicide by taking an overdose, the death is a DAWN case.
- If a person died by homicide and a drug was the method used, the death is a DAWN case. This would include deaths by drug poisoning and deaths where a person was given a drug to cause or hasten death.
- However, if a death by homicide involved a weapon other than drugs, the death is not a DAWN case, even if the homicide victim was using drugs at the time of death. For example, a homicide by stabbing or shooting when the victim happened to be using drugs is not a DAWN case.

Decedent intent?

It does not matter whether the decedent intended to abuse the drug or to use the drug properly, whether the decedent knowingly or unknowingly took the drug, or whether the decedent administered the drug or someone else administered it.

In deciding whether a case is a DAWN case, none of the following questions are relevant:

- “Why did the decedent take the drug?”
- “Did the decedent intend to abuse the drug?”
- “Was it an illegal drug?”
- “Was this a case of recreational drug use?”
- “Did the decedent take the drug to get high?”
- “Was the decedent dependent on this drug?”

Method of obtaining the drug?

The method by which the decedent obtained the drug is irrelevant. For example, it does not matter whether the decedent legally acquired a drug with his or her own valid prescription, acquired it from someone else who had a legal prescription, forged a prescription, bought it on the street, or stole it. The only issue is whether the death was related to or induced by the use of that drug.

Recent medications?

The decedent's recent medications, whether prescribed or over-the-counter, are usually listed in the record. If recent medications are not implicated in the death, they are not relevant in deciding whether this is a DAWN case. Typically, recent medications would not be implicated in the death if the decedent took the medication according to directions and did not have an adverse reaction to the medication.

A death from an adverse reaction to a medication is, by definition, a death where the drug played a role and is a DAWN case. Deaths from adverse reactions to medications taken as prescribed or labeled are reportable as DAWN cases. A death involving a decedent who died from an allergic reaction to an antibiotic is a DAWN case.

Medications administered by health care personnel will be listed in the record and may appear in toxicology findings. Examples include analgesics (pain relievers) administered prior to death or pharmaceuticals administered as part of resuscitation efforts. If these medications are not implicated in the death, they are not relevant in deciding whether this is a DAWN case.

2.2.4 Drugs That Affect DAWN Case Determination

This section discusses drugs in terms of how they affect DAWN case identification. Chapter 3 provides details on when and how to record drugs on the DAWN ME Case Form.

Categories of DAWN drugs

DAWN cases will include use of:

- Illegal drugs, such as heroin, cocaine, marijuana, methamphetamine, PCP, LSD, and so forth
- Legal drugs, prescription drugs and over-the-counter (OTC) medications
- Dietary supplements, including vitamins, minerals, and herbal supplements
- Alcohol, with some restrictions
- Certain non-pharmaceutical substances that are inhaled.

Alcohol

Alcohol is a drug. However, DAWN has a special set of rules for determining whether a death that involves alcohol and no other drug qualifies as a DAWN case:

- For adults (age 21 or older), deaths involving alcohol and no other drug **are not** DAWN cases.
- For persons younger than age 21, deaths involving alcohol and no other drug **are** DAWN cases.
- For persons of all ages, deaths involving alcohol and any other substance meeting DAWN's drug criteria are DAWN cases.

“Non-pharmaceutical” inhalants

Non-pharmaceutical substances – substances that are not drugs or supplements – are a potential source of confusion for DAWN Reporters. The following special rules apply to non-pharmaceutical substances.

Non-pharmaceutical substances are reported to DAWN only if:

- The decedent inhaled the substance (“inhaled” means that the substance was taken into the respiratory system through the nose or mouth) AND
- The substance has psychoactive properties when inhaled.

The first of these special rules is simple. To be reported to DAWN, a non-pharmaceutical inhalant must have been inhaled. Sniffing, snorting, and huffing are other terms that mean inhaled. For example, a death related to sniffing gasoline is a DAWN case. A death related to drinking or injecting gasoline is not a DAWN case.

The second part is trickier. Not every non-pharmaceutical substance is reportable. To be reported to DAWN, the non-pharmaceutical substance must have a psychoactive effect when inhaled. In simple terms, this means that the inhalant affects the brain like a drug. Only three types of substances qualify:

- Volatile solvents, which include:
 - adhesives (model airplane glue, rubber cement, household glue),
 - aerosol sprays (spray paint, hairspray, air freshener, deodorant, fabric protector, and food products),
 - liquid and gaseous solvents (nail polish remover, paint thinner, correction fluid, toxic markers, pure toluene, cigarette lighter fluid, gasoline, carburetor cleaner, octane booster),
 - cleaning agents (dry cleaning fluid, spot remover, degreaser)

- Nitrites, which include:
 - amyl nitrite (“poppers,” “snappers”)
 - butyl nitrite (“rush,” “locker room,” “bolt,” “climax,” “video head cleaner”)
- Chlorofluorohydrocarbons, such as Freon and other refrigerant gases

This rule includes inhalation of many household and industrial chemicals, which may be inhaled accidentally or deliberately. A list of non-pharmaceutical substances that are reportable when inhaled is available in the *DAWN Drug Index*, which is updated regularly.

This rule excludes deaths related to inhalation of non-volatile gases, such as carbon monoxide. Therefore, a death by carbon monoxide poisoning is not a DAWN case. Whether the carbon monoxide death was suicide or accidental is irrelevant; it is not a DAWN case.

These special rules apply only to substances that are not pharmaceuticals. Therefore:

- Anesthetic gases, such as nitrous oxide and ether, are pharmaceuticals and are reported to DAWN the same as any other pharmaceutical.
- Illicit drugs, prescription and over-the-counter medications, and dietary supplements are reported to DAWN without considering how they were consumed.

2.3 Deaths Not Reportable to DAWN

This section extends the basic DAWN criteria to specific situations, questions, and problems that may arise in the course of reviewing records to identify DAWN cases. There are eight basic reasons for a death not being a DAWN case.

Explanations of each of these, with examples, are provided to help reporters understand particular circumstances that do not qualify as DAWN cases. For clarification, several of these also include examples of a similar death that actually is a DAWN case, with an explanation of why one is and one is not a DAWN case.

- The decedent was a recent drug user, but died of natural causes – If the drug did not cause or contribute to the death, it is not a DAWN case. Examples would include a cocaine user who dies of cancer, a heroin user who dies from multiple sclerosis, or a marijuana user who dies of complications from diabetes.
- The decedent was a homicide victim who was on drugs at the time of his/her death – Whether the victim of the homicide was taking drugs is not the relevant issue. If the weapon in the homicide was a drug, the death is a DAWN case because the drug caused the death. Homicides by other means are not DAWN cases, even if the victim was using drugs that contributed to violent behavior. Examples would include a person on PCP who is killed in a shooting, or a marijuana user who is stabbed in a fight.
- A non-pharmaceutical substance was consumed but not inhaled – The non-pharmaceutical substance (e.g., gasoline, toluene, paint, glue) was consumed or administered by some means other than inhalation, such as swallowing or injection. The rule for non-pharmaceuticals is simple. DAWN is interested in non-pharmaceuticals that are used as inhalants. Therefore, a non-pharmaceutical is reportable only if inhaled.
 - The decedent drank turpentine. This is not a DAWN case.
 - The decedent injected gasoline while high on PCP. This is a DAWN case, only because of the PCP; only the PCP is reportable.
 - The decedent became disoriented, passed out, and died as a result of inhaling paint fumes while painting a closet. This is a DAWN case because the paint was inhaled. The reason for the exposure – whether the fumes were inhaled accidentally or deliberately (to get high) – is not a consideration in deciding that this is a DAWN case.
 - The decedent fell off a roof after inhaling nitrous oxide. This is a DAWN case, but nitrous oxide is a pharmaceutical.

Therefore, the manner in which the substance was consumed is not a consideration in deciding that this is a DAWN case.

- Only a history of drug abuse is documented – Such documentation may appear in the record as a notation indicating “history of drug abuse.” If documentation points only to a history of drug use/abuse and there is no evidence of recent use, it is not a DAWN case.
 - The record of a decedent who was HIV+ indicates a history of intravenous drug abuse (IVDA). This is not a DAWN case because of the HIV+ status or because of the intravenous drug abuse. To be a DAWN case, there must be evidence of recent drug use that caused or contributed to the death.
- Alcohol was the only substance involved and the decedent was age 21 or over – Deaths involving alcohol and no other substance are DAWN cases only if the decedent is not an adult (age less than 21). Alcohol is reportable in an adult DAWN case only when present in combination with another reportable substance.
- The only documentation of drug use is in toxicology test results – Documentation of drug use must be present in the record, on the death certificate, or autopsy. Toxicology may pick up recent medications taken for legitimate therapeutic purposes, drugs administered during life-saving treatment, or drugs taken some time ago and unrelated to the death. Therefore, toxicology alone is not sufficient evidence to make a death a DAWN case. For example:
 - A man slipped on a wet concrete floor and fractured his hip. He subsequently died from a pulmonary embolus. The toxicology result is positive for opiates. There is no other evidence of opiate use in the record, death certificate or autopsy. This is not a DAWN case.
 - An unidentified man is found unconscious and later dies. Toxicology is positive for benzodiazepines. The cause of death states “suicide, + benzos.” This is a DAWN case because “+ benzos” is included. This is evidence that the use of benzodiazepines is related to the person’s death.
- Drugs listed are not related to the death – There is no documentation in the record, death certificate, or autopsy to indicate that the death was related to the use of drugs. For example:
 - A 24-year-old female passenger in a bus accident died from her injuries. She had been taking cocaine just before the bus

was sideswiped by a tractor-trailer. There is no indication in the record that her cocaine use was connected to the injury. This is not a DAWN case.

- A young man presented with fever, headache, and symptoms of meningitis. He later dies. The record indicates that he used an albuterol inhaler and took oral steroids for asthma. These medications are not related to the person's death. This is not a DAWN case.
- There is no evidence of drug use – The record, death certificate or autopsy does not refer to drug use. Examples may include:
 - Undermedication – Decedent who forgot to take, stopped taking, or took too little of a prescribed medication. For example, the decedent stopped taking medication to control high blood pressure, suffered a stroke, and died. The stroke is related to not taking the medication. This is not a DAWN case.

2.4 Obtaining and Tracking Records

Reviewing every eligible death record is important because each is a potential DAWN case. However, not every death processed through a ME/C office is eligible for DAWN. Remember that an eligible death is one where the ME/C either saw the decedent or reviewed the decedent's record. Ineligible deaths are those where the ME/C's only action is certifying the death or issuing the death certificate. Records for ineligible deaths should not be reviewed or included in the DAWN count of total deaths reviewed.

Since it is essential to review every eligible record, you will also need a method to keep track of the records you have reviewed, the records you still need to review, and the records that cannot be reviewed because they are, for some reason, unavailable. The remainder of this chapter discusses the logistics of keeping track and accounting for records.

In an ideal world, the death would be reviewed by the ME, toxicology findings would be available and added to the record quickly, and other entries to the record would be completed immediately by the staff, and the completed record would then be turned over to the DAWN Reporter. However, ME/C facilities are busy places, and their priority is death investigation, not data collection for DAWN. Therefore, reviewing records may involve several steps:

- Locating the records for the deaths that have been processed by the ME for which you are reporting
- Tracking which records you have obtained and reviewed
- Continuing to pursue any records you have not yet reviewed

Every DAWN Reporter will need a tracking system for records. Unfortunately, every ME/C facility is a little (or a lot) different. Trying to describe one tracking system that will neatly work in every situation is impossible. Trying to describe all the ways a tracking system must adapt to meet each ME/C's facility's idiosyncrasies is also impossible. Even if all the facility peculiarities could be described, the manual would be too heavy to lift! Instead, this manual will try to give you an overview of what you are trying to accomplish and then provide some tips on how to set up a tracking system that will work for you in most facilities.

2.4.1 Tracking Records: Overview

ME/C facilities agreeing to participate in DAWN agree to provide access to records. They agree that their DAWN Reporter(s) can perform direct record review to identify and report DAWN cases. However, records are mobile and it is unlikely that all the records will be readily available at exactly the place and time a DAWN Reporter needs them. Yet, the DAWN Reporter must review all the records to identify DAWN cases.

The most dependable way to ensure that you have reviewed every record is to use a tracking system. The following guidelines will help you set up such a tracking system for yourself and perform the other activities related to locating and reviewing records. These guidelines are general and the specific method will be different in each ME/C facility. Your DAWN Facility Liaison will work closely with you to develop the best approach for your specific situation.

Whatever the arrangement, it is the DAWN Facility Liaison's job to work with the ME/C facility staff and DAWN Reporter to set up a system that works in that facility. Sometimes ME/C facilities change procedures, the flow of records through the system changes, and the DAWN Facility Liaison works with the ME/C facility to change the system for DAWN reporting in that location.

The one common theme for all ME/C facilities is that the DAWN Reporter must access the records for all deaths, and he or she must have a method to know how many eligible deaths occurred, which records have been reviewed, and which records have yet to be reviewed. The following sections will describe a typical tracking system, with some tips for making such a system easy to use and keeping it up-to-date and accurate.

2.4.2 Tracking Records: An Example

In the remainder of this section, we will review more specifically the steps to follow in setting up and using a tracking system.

- 1. You need a clean list of every eligible death that occurred during the period you are recently reviewing. Typically, the period will be the past week or the past month.**

You need to start with a clean list of all eligible deaths; that is, deaths in which a decedent or the decedent's file was seen by the ME. This is the list that contains

all the records to be reviewed. It may be possible for the ME/C facility to create a clean list for you, that is, a list that excludes the types of deaths that are known to be ineligible for DAWN. Since you only need to review eligible records, you do not need to have a list that includes ineligible records.

However, if the only list available is one that includes all deaths – eligible and ineligible –you will need to delete the ineligible deaths from the list after you receive it, to produce the complete, clean list of records you need to review.

Reminder: Since the list will contain identifying information, the DAWN Reporter must keep the list in a secure location.

2. Use the list to set up a “tracking system” to mark your progress as you:

- Identify each record that needs to be reviewed
- Obtain the record
- Review the record

The following simple example shows the general layout of a basic Reporter’s tracking list; the column headings in bold are the ones added by the Reporter to make the tracking list.

Sign in: Print Name	Time:	Rec #	Record Obtained	Record Reviewed	Counted in Act Rep Sent to Westat (date)	Notes
John Smith	8:06 am	A505555508	X	X	1/22/03	
Jane Jones	9:10 am	A664908767	X	X	1/22/03	
Robert Roe		A542167878				2/15/03: Not able to locate
Cindy Byrd	11:12 am	B230111111	X		1/29/03	

The Reporter uses the Record Obtained and Record Reviewed columns to check off these events as they occur for each ME death and record. (Rather than simply checking it off, the Reporter might record the date when each event occurred.) The column headed “Counted in Activity Report Sent to Westat dated:” helps the Reporter keep track of which records were counted and submitted previously on the ME Activity Report Form. This is important to prevent double-counting of records reviewed. (See Chapter 4 for a detailed explanation of the ME Activity Report Form.)

The “Notes” column might be used for comments like “record sent to police in home town” or “body released before being seen, ineligible.” It would also be the place to note that, after repeated attempts, the Reporter has decided that the record cannot be reviewed. It is also useful to keep track of which deaths were identified as DAWN cases. (Alternatively, the Reporter might use a separate column to check off the DAWN cases.)

3. Obtain the records corresponding to each death on the list.

Records can be moving targets for a number of reasons:

- Records can be forwarded to some other department, en route to their final filing location in another location or other department.
- Records can be sitting in a variety of different places awaiting signatures or review by medical staff or other specialists.
- Records can be awaiting toxicology reports.
- Records can be lost.

If you cannot obtain all eligible records for review, please bring this to the attention of your DAWN Facility Liaison. Altering when or where you review records may be necessary to improve your chances of getting the records you need when you need them. Your Facility Liaison will work with you and the appropriate managers in

your facility to determine why access to records is a problem and how to resolve it.

Access to records may be a one-time problem, a regular problem associated with particular staff, or a problem related to ME/C facility rules or procedures. Regardless of the reason, your Facility Liaison can help solve these problems.

- 4. Immediately mark off each record obtained on the tracking system list.**
- 5. Review the records you have obtained to identify the DAWN cases; and**
- 6. On the tracking list, immediately mark off each record when you have reviewed it.**

After obtaining access to the records, you should review all the records as soon as possible to determine if they are DAWN cases. When you review the record, mark it off on the tracking list right away. This ensures that your tracking system will be accurate and timely. Marking off the records you have reviewed automatically creates a reminder list of the charts that you still need to review

As soon as you identify a DAWN case, stop and fill out a DAWN ME Case Form for it, as explained in Chapter 3, using your regular reporting method (paper Case Form or eMERS electronic form). It is especially important if you are reviewing records in an electronic system to fill out the ME Case Form while you have the record “open.”

If you are working with paper records, another method is to review all the records that are available to you and, as you go through them, identify the DAWN cases and set those records aside (in a separate pile). When you have completed reviewing all the records, go through the records for the DAWN cases and fill out the DAWN ME Case Forms for all of them.

Always keep records out of view of others who are not working with you. Never leave a record unattended. If you need a break or are called away, lock up the records in a secure area before you leave. This applies both to paper records and to printouts of record information from computerized medical records systems.

Finally and most importantly, do not **ever** remove a record, or any printout of a computerized record, from the ME/C facility premises. This is a serious breach of the DAWN confidentiality protocol. Even one such breach can result in your termination as a DAWN Reporter.

7. Immediately return each record reviewed to its proper location.

Regardless of the method you use, your goal should be to complete your use of the record as quickly as possible and then return it. Someone else, a member of the ME/C staff, may need that record. As soon as you have finished with the records, return them to their appropriate location.

8. Continue to request or search for records that appear on the list but which you have not yet obtained.

Continue to use the tracking list to help you obtain and review all, or as many as possible, of the needed records.

2.4.3 Security for Tracking Lists

Tracking lists will contain confidential information about individual decedents, a unique identifying number, a name, and possibly additional information. Keep your tracking list and copies of your completed DAWN forms in a secure locked place, preferably a locked cabinet that only you can access in a room that is kept locked when not occupied.

It is a breach of the DAWN confidentiality protocol to remove records from the ME/C facility premises. The same is true for tracking lists. Do not remove tracking lists from the ME/C facility premises; these lists contain identifying information about decedents.

When you know that your data have been processed and the tracking list is no longer needed, you should shred your copies of the materials with identifying information or turn it over to the appropriate ME/C facility manager, as required. Most ME/C facilities have security shredding. If your ME/C facility does not, ask your Facility Liaison about arranging for shredding. You will work with your DAWN Facility Liaison to determine the appropriate length of time for you to retain the list before disposing of it; you will need to keep it available for a certain time period so that Westat staff can make use of it for quality assurance purposes.

Chapter 3. Completing the DAWN ME Case Form

3.1 Overview of the DAWN ME Case Form

The **DAWN ME Case Form** (Exhibit 3-1) is the main vehicle for capturing medical examiner/coroner (ME/C) DAWN data. The information collected on this form falls into four general categories:

- **Operations Data.** These data items, used in processing and tracking DAWN cases, include *Facility ID* (Item #1) and *Date of Death* (Item #3).
- **Demographic Data.** These data items, used to investigate differences in drug use patterns across decedent demographic groups, include basic information such as *Sex* (Item #4), *Age* (Item #5), *Decedent's Last Residence ZIP Code* (Item #6), and *Race/Ethnicity* (Item #9).
- **Characteristics of the Case.** The information collected in *ZIP Code for Place of Death* (Item #8), *Factors Supporting DAWN Case Determination* (Item #10), *Cause of Death* (Item #11), *Manner of Death* (Item #12), and *Drug Involvement in Death* (Item #13) provides details on the circumstances of the death.
- **Substance(s) Data.** The data items reported under *Substance(s) Involved* (Item #14) constitute the core of the data reported to DAWN. These items include information about the specific drug(s) or substance(s) used, whether the substance was confirmed by a toxicology report, the route of administration of each reported substance, and whether alcohol was involved and confirmed by toxicology test.

1. Facility ID <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	2. Cross-reference (for facility use only)
INFORMATION ON DECEASED	
3. Date of Death MONTH DAY YEAR <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> </div>	4. Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 8 <input type="checkbox"/> Not documented
5. Age <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="margin: 0 10px;">1 <input type="checkbox"/> Less than 1 year 8 <input type="checkbox"/> Not documented</div> </div>	
6. ZIP Code of Decedent's Last Residence <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> Otherwise, mark [x] one: 1 <input type="checkbox"/> No fixed address (e.g., homeless) 2 <input type="checkbox"/> Institution (e.g., shelter/jail/ hospital) 8 <input type="checkbox"/> Not documented	7. Place of Death Mark [x] one: 01 <input type="checkbox"/> Emergency department 02 <input type="checkbox"/> Other health care facility 03 <input type="checkbox"/> Decedent's home 04 <input type="checkbox"/> Public place 96 <input type="checkbox"/> Other 98 <input type="checkbox"/> Not documented
8. ZIP Code for Place of Death <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> 8 <input type="checkbox"/> Not documented	9. Race/Ethnicity Mark [x] one or more: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not documented
10. Factors Supporting DAWN Case Determination Check all that apply: <input type="checkbox"/> Death certificate <input type="checkbox"/> Toxicology lab report <input type="checkbox"/> Autopsy <input type="checkbox"/> External physical signs <input type="checkbox"/> Inspection of scene of death <input type="checkbox"/> Statement of physician/family/friends <input type="checkbox"/> Other information	
11. Cause of Death List the chain of events causing the death. Do not abbreviate. Do not use ICD codes. (Part I) Immediate cause: <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> As a result of <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> As a result of <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> As a result of <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> (Part II) Other significant conditions: <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div>	
12. Manner of Death Mark [x] one: 01 <input type="checkbox"/> Suicide 02 <input type="checkbox"/> Homicide by drugs 03 <input type="checkbox"/> Adverse reaction to medication 04 <input type="checkbox"/> Overmedication 05 <input type="checkbox"/> Accidental ingestion 06 <input type="checkbox"/> All other accidental 98 <input type="checkbox"/> Could not be determined	13. Drug Involvement in Death Mark [x] one: 1 <input type="checkbox"/> Drug-induced: drug(s) directly caused the death 2 <input type="checkbox"/> Drug-related: drug(s) contributed to the death If drug-related, mark one: 1 <input type="checkbox"/> confirmed 2 <input type="checkbox"/> presumed
14. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the death. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.	

SAMHSA USE ONLY		Substance (record verbatim)		Mark [x] if confirmed by toxicology test	Route of Administration Circle one:										
					Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented					
1				<input type="checkbox"/>	1	2	3	4	5	8					
2				<input type="checkbox"/>	1	2	3	4	5	8					
3				<input type="checkbox"/>	1	2	3	4	5	8					
4				<input type="checkbox"/>	1	2	3	4	5	8					
5				<input type="checkbox"/>	1	2	3	4	5	8					
6				<input type="checkbox"/>	1	2	3	4	5	8					
7	C	2	0	0	0	2	9	Alcohol involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Not documented	<input type="checkbox"/>	1	2	3	4	5	8

3.2 General Guidelines for Reporting DAWN Data

Before discussing item-by-item specifications for the data items on the DAWN ME Case Form, we discuss general guidelines for DAWN reporting. Because DAWN reporting must be accurate and uniform across all facilities, it is important that you carefully follow these guidelines. (See Section 3.4 on Specific Guidelines for DAWN Paper Forms.)

Recording Descriptions. When recording notes or descriptions on the DAWN ME Case Form for Cause of Death (Item #11), make sure that they are clear and unambiguous, and that you only provide the minimum necessary information.

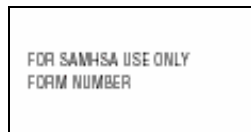
Drug Names. DAWN will supply you with the *DAWN Drug Index*, an extensive list of brand names and their corresponding generic names and metabolites, first sorted by brand name and then by generic name/metabolites. This list will help you to spell drug names correctly and avoid recording the same substance by the brand name and the generic name or by the generic name and the metabolite as if they were different substances.

- Spelling Drug Names. If you are unsure of the correct spelling of a drug or substance, or if you are unable to read the writing on a decedent's record, refer to the Drug Index. Many drug names have similar spellings, so a misspelled drug name could result in the wrong drug being reported.
- Assumptions About Drug Names. On a similar note, don't make assumptions about spelling, numbers, and names. For example, if the record refers only to "benzos," enter "benzos" in the drug list. Do not make the assumption that "benzos" is "benzodiazepines." Without additional information, enter exactly what is in the record. Sometimes, making assumptions could result in recording incorrect information.

3.3 Item-by-Item Specifications

This section provides specifications for each item on the ME Case Report Form. Other than some differences in recording procedures (e.g., hand writing vs. typing), the specifications apply to both electronic and paper forms. If you cannot find the answer to a question in these specifications, call your Regional Monitor at 1-800-FYI-DAWN for specific guidance. These specifications will be updated periodically as questions are received and resolved. Our goal for DAWN 2003 and beyond is to provide thorough documentation for procedures and reporting situations to ensure that all Reporters are working with the same set of guidelines.

Form Number



FOR SAMHSA USE ONLY
FORM NUMBER

The preprinted form number in the top left corner of each ME Case Report Form is a unique identifier for DAWN data entry and Home Office staff. Should questions arise concerning a particular case, the *Form Number* is the reference point for Home Office followup with the Reporter. Do not modify the preprinted form number or photocopy the form. If you need additional forms, call the Home Office at 1-800-FYI-DAWN.

Item #1: Facility ID

1. Facility ID	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

The facility ID is a six-digit number followed by an alphabetic character (A, B, C, and so forth). The ID is unique to the ME/C. When reporting electronically, the Facility ID will be computer-generated based on your logon ID.

Item #2: Cross-reference

2. Cross-reference (for facility use only)	<div></div>
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DAWN forms are processed by DAWN staff at Westat. In the event that Westat must contact you to clarify information on a form or to resolve inconsistencies in the data reported, you must be able to link a particular ME Case Report Form to that decedent's record to recheck the information and clarify or resolve the inconsistency.

In the space labeled *Cross-reference* on the form, you will record limited identifying information, usually a decedent number used in the ME/C facility that you can use to locate the record associated with a particular DAWN case. To protect the decedent's identity, this reference is blacked-out on the copy that goes to Westat. Do not enter decedent identifying information on a portion of the form that will be visible to Westat.

Item #3: Date of Death

3. Date of Death					
MONTH		DAY		YEAR	
				2	0

Enter the month, day, and year of the death. Convert months spelled out in text to numbers. Enter month and day using two digits, including leading zeros when appropriate. (Leading zeros means that you enter a zero in the first of the two boxes if the month has only one digit.) For example, the month of June would be entered as 06. Since the first two digits of the year are preprinted, you only enter the last two digits of the year. The digits you would enter for the date June 2, 2003, would be 06 02 03.

If the actual date of death is unknown, use the date shown on the death certificate.

Item #4: Sex

4. Sex
1 <input type="checkbox"/> Male
2 <input type="checkbox"/> Female
8 <input type="checkbox"/> Not documented

Enter if male or female. If the decedent's sex is not documented in the record, enter *Not documented*.

Item #5: Age

Enter the age of the decedent at the time of death, using leading zeros when appropriate.

5. Age				
<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>				1 <input type="checkbox"/> Less than 1 year 8 <input type="checkbox"/> Not documented

- When age information is inconsistent in the decedent's record, determine the age by using the decedent's date of birth and date of death.
- If the decedent is less than 1 year of age, enter *Less than 1 Year* and leave the age box blank.
- If the decedent's age is not documented, enter *Not documented*

Item #6: ZIP Code of Decedent's Last Residence

Record the five-digit ZIP code from the decedent's last residence in the record.

6. ZIP Code of Decedent's Last Residence						
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						
Otherwise, mark [x] one:						
1 <input type="checkbox"/>	No fixed address (e.g., homeless)					
2 <input type="checkbox"/>	Institution (e.g., shelter/ jail/ hospital)					
8 <input type="checkbox"/>	Not documented					

- If the record indicates that the decedent was "homeless" or had "no fixed address," enter *No fixed address* .
- If the decedent lived at an institution, such as a shelter, jail, or health care facility, enter *Institution* .
- If the decedent's ZIP code is not documented, enter *Not documented*..

Item #7: Place of Death

<p>7. Place of Death Mark [x] one:</p> <p>01 <input type="checkbox"/> Emergency department</p> <p>02 <input type="checkbox"/> Other health care facility</p> <p>03 <input type="checkbox"/> Decedent's home</p> <p>04 <input type="checkbox"/> Public place</p> <p>98 <input type="checkbox"/> Other</p> <p>98 <input type="checkbox"/> Not documented</p>
--

Record where the death occurred, as described in the record.

- If the death occurred in an emergency department of a hospital or other health care facility, enter *Emergency department*.
- If the death occurred in a hospital or other health care facility but not in the emergency department, enter *Other health care facility*.
- If the death occurred in the decedent's residence, enter *Decedent's home*.
- If the death occurred in a public place, such as in a store, on the street, or in a park, enter *Public place*.
- If the death occurred somewhere else, such as in a neighbor's house or in the car, enter *Other*.
- If the place of death is not indicated in the record, enter *Not documented*.

Item #8: ZIP Code for Place of Death

Record the five-digit ZIP code for the place of death from the record.

8. ZIP Code for Place of Death				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Not documented				

- If the record does not indicate the ZIP code for the place of death, enter *Not documented*.

Item #9: Race/Ethnicity

9. Race/Ethnicity	
Mark [x] one or more:	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Not documented

Enter each race/ethnicity category that applies. Multiple categories may apply. For example, if race on the record is “white” and ethnicity is “Hispanic,” enter both *White* and *Hispanic or Latino*. If the decedent’s race/ethnicity is not documented on the record, enter *Not documented*.

The race and ethnicity categories listed are defined as follows:

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Item #10: Factors Supporting DAWN Case Determination

This item records the sources of information used to determine cause of death that qualifies the death as a DAWN case. Enter as many as apply, but only those factors that contributed to the decision that this is a DAWN case.

<p>10. Factors Supporting DAWN Case Determination</p> <p><i>Check all that apply:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Death certificate<input type="checkbox"/> Toxicology lab report<input type="checkbox"/> Autopsy<input type="checkbox"/> External physical signs<input type="checkbox"/> Inspection of scene of death<input type="checkbox"/> Statement of physician/family/friends<input type="checkbox"/> Other information
--

- A death certificate is a legal public document that contains cause of or manner of death as ruled by the medical examiner or coroner. If a death certificate provided evidence to identify the death as a DAWN case, enter *Death certificate*.
- Toxicology laboratory tests are used to detect the presence of substances in the decedent's body. If a toxicology report provided evidence to identify the death as a DAWN case, enter *Toxicology report*.
- Remember that the detection of substances by toxicology does not, without other supporting evidence, qualify the death as a DAWN case. At least one other factor must also be present to implicate the substances as a cause of death,
- An autopsy report contains findings from the examination of the decedent to determine cause or manner of death. If an autopsy provided evidence to identify the death as a DAWN case, enter *Autopsy*.
- A record may contain findings of external physical signs on the body of the deceased. If external physical signs provided evidence to identify the death as a DAWN case, enter *External physical signs*.
- A record may contain findings from an inspection of the scene of death. If inspection of the scene of death provided evidence to identify the death as a DAWN case, enter *Inspection of scene of death*.
- A statement of a physician, family member, or friend may be entered into the record. If such a statement provided evidence to identify the death as a DAWN case, enter *Statement of physician/family/friends*.
- If any other information in the record provided evidence to identify the death as a DAWN case, enter *Other information*.

Item #11: Cause of Death

Review the record and record the immediate cause of death, any underlying causes, and any significant conditions listed. Together, these represent the chain of events causing the death.

<p>11. Cause of Death <i>List the chain of events causing the death. Do not abbreviate. Do not use ICD codes.</i></p> <p>(Part I) Immediate cause:</p> <p>_____</p> <p>_____</p> <p><u>As a result of</u> _____</p> <p>_____</p> <p><u>As a result of</u> _____</p> <p>_____</p> <p><u>As a result of</u> _____</p> <p>_____</p> <p>(Part II) Other significant conditions:</p> <p>_____</p> <p>_____</p>

Record this information as it is documented in the decedent's record, on the death certificate, or in the autopsy report. Do not use abbreviations or ICD-10 codes.

Item #12: Manner of Death

This item characterizes the death by whether it was inflicted by the decedent (suicide), inflicted by another person (homicide by drugs), or was the result of a physical reaction to a substance consumed.

12. Manner of Death	
<i>Mark [x] one:</i>	
01	<input type="checkbox"/> Suicide
02	<input type="checkbox"/> Homicide by drugs
03	<input type="checkbox"/> Adverse reaction to medication
04	<input type="checkbox"/> Overmedication
05	<input type="checkbox"/> Accidental ingestion
06	<input type="checkbox"/> All other accidental
98	<input type="checkbox"/> Could not be determined

Select the manner of death based on the available information in the record. You may need to look in several places in the record to find the manner of death. Do not rely on the statement of family, friends, or medical personnel if that conflicts with the findings of the medical examiner or coroner.

The categories are presented in a hierarchy. Select the first category that describes the manner of death and enter that and only that category. If the death cannot be classified into one of the answer categories as defined below, enter *Could not be determined*. The answer categories are defined below:

Suicide – This category include cases where the death was ruled a suicide. A suicide that involves hanging, wrist slashing, shooting, jumping, etc. is included if drugs were involved.

Homicide by drugs – This category, defined as the taking of another individual's life using drug(s), is used only when the drug was a direct cause of death.

Homicide by drugs includes death where the decedent was given a drug or other substance to hasten his or her death.

Homicide by a means other than drugs **are not** reportable to DAWN. For example, homicide by shooting or stabbing is not a DAWN case, even if the victim was using drugs that contributed to violent behavior.

Adverse reaction to medication – This category includes deaths that are ruled to be accidental and the death resulted from an adverse reaction to a prescription, over-the-counter medication, or dietary supplement.

Overmedication – This category includes death that are ruled to be accidental and the death resulted from the use of more than the recommended dose of a prescription, over-the-counter medication, or dietary supplement.

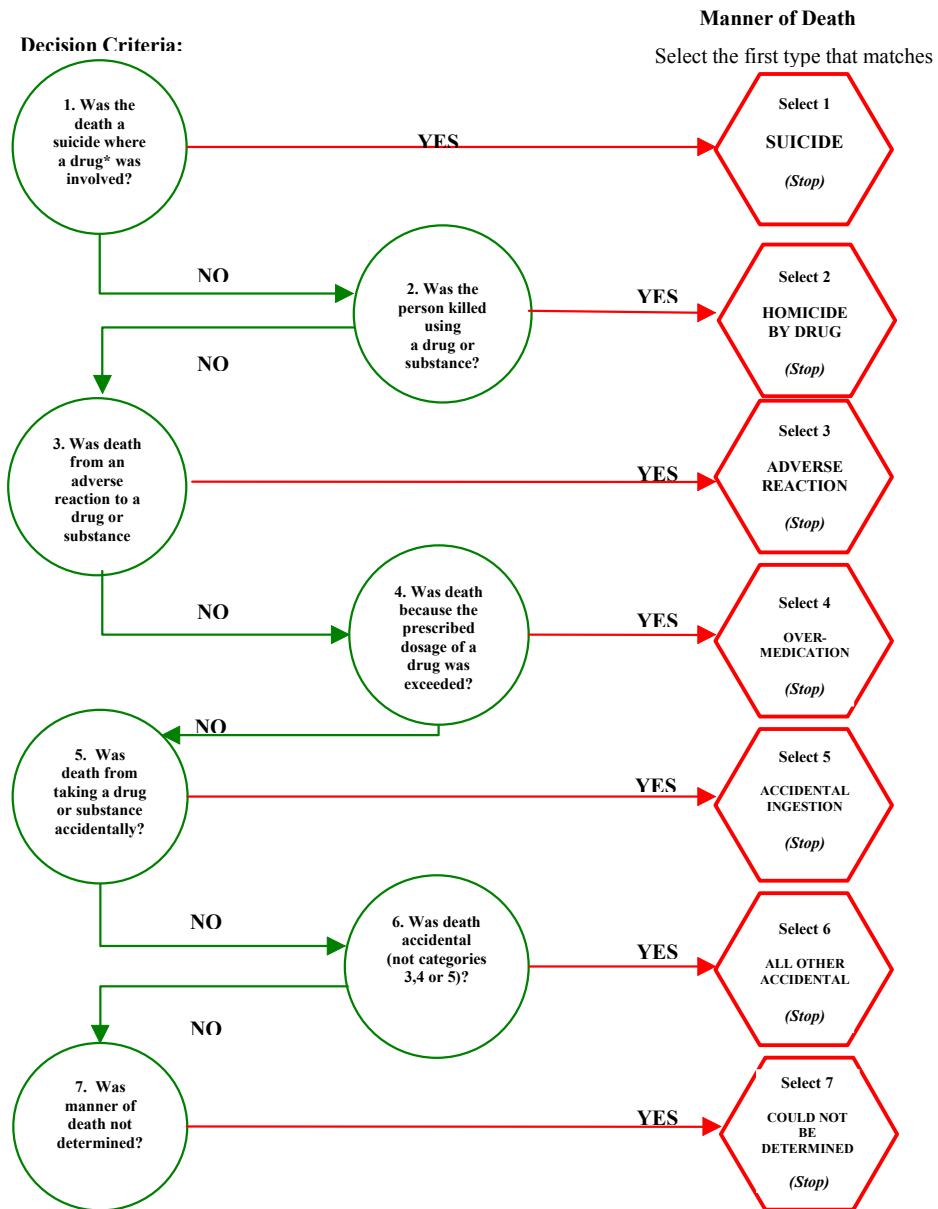
Accidental ingestion – This category includes deaths that are ruled to be accidental and the death resulted from the decedent taking the drug(s) accidentally or unknowingly.

All other accidental – This category includes deaths that are ruled to be accidental but cannot be attributed to an adverse reaction to medication, overmedication, or accidental ingestion.

Could not be determined – This category includes any DAWN case for which the manner of death had not been determined at the time the case was closed.

Note that there is no category for deaths from natural causes. Those deaths are no longer reported to DAWN. DAWN cases include only deaths that are caused by or related to the use of a substance.

Exhibit 3-2. Manner of death decision tree



*In DAWN, a reportable "drug" may include any legal or illicit drug or substance, including prescription, over-the-counter (OTC) medications, dietary supplements (herbal supplements, vitamins, and/or minerals). Alcohol alone (no other reportable drugs) is reportable for those under age 21. Alcohol when present in combination with another reportable drug is reportable for those age 21 and over.

Rev: 2/10/03

Exhibit 3-3. Deaths not reportable to DAWN

- 1) The decedent was a recent drug user, but died of natural causes – If the drug did not cause or contribute to the death, it is not a DAWN case.
 - The decedent was a cocaine user who died of cancer.
- 2) The decedent was a homicide victim who was on drugs at the time of his or her death – Homicides by any means other than drug(s) are not DAWN cases, even if the victim was using drugs that contributed to violent behavior.
 - The decedent was fatally stabbed while high on PCP.
- 3) A non-pharmaceutical substance was consumed but not inhaled – The non-pharmaceutical substance (e.g., gasoline, toluene, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).
 - The decedent drank turpentine. This is **NOT** a DAWN case.
 - The decedent injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.
- 4) Only a history of drug abuse is documented – If the documentation points only to a history of drug use/abuse and there is no evidence of recent use, it is **NOT** a DAWN case.
 - A death due to HIV indicates a history of intravenous drug abuse (IVDA). If there is no evidence of recent drug use, this is not a DAWN case.
- 5) Alcohol is the only substance involved and the decedent is age 21 or over – Cases involving alcohol and no other substance are reportable only if the decedent is not an adult (age less than 21). Alcohol is reportable in an adult DAWN case only when present in combination with another reportable substance.
- 6) The only documentation of drug use is in toxicology test results – Documentation of drug use must be present in the record, on the death certificate, or autopsy findings. Toxicology may pick up recent medications taken for legitimate therapeutic purposes, drugs administered during life-saving treatment, or drugs taken some time ago and unrelated to the death. Therefore, toxicology alone is not sufficient evidence to make a death a DAWN case. For example:
 - A man slipped on a wet concrete floor and fractured his hip. He subsequently died from a pulmonary embolus. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.
- 7) Drugs listed are not related to the death – There is no documentation in the record, death certificate, or autopsy findings to indicate that the death was related to the use of drugs, either legal or illicit. Medications taken for therapeutic purposes that are not related to the death are NOT reportable to DAWN. For example:
 - A 24 year-old female passenger in a bus accident died as a result of her injuries. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.

- A young man presented with fever, headache, and symptoms of meningitis. He later dies. The record indicates that he used an albuterol inhaler and took oral steroids for asthma. These medications are not related to the person's death. This is not a DAWN case.
- 8) **There is no evidence of drug use** – The record, death certificate, or autopsy does not refer to any drug use. Examples may include:
- Undermedication – Decedent who forgot to take, stopped taking, or took too little of a prescribed medication. For example, the decedent stopped taking medication to control high blood pressure, suffered a stroke, and died. The stroke is related to not taking the medication. This is **NOT** a DAWN case.

Item #13: Drug Involvement in Death

13. Drug Involvement in Death
Mark [x] one:

1 ☐ Drug-induced: drug(s) directly caused the death

2 ☐ Drug-related: drug(s) contributed to the death

If drug-related, mark one:

1 ☐ confirmed

2 ☐ presumed

Enter whether the death was *drug-induced* (i.e., directly caused by the use of the drug) or *drug-related* (i.e., drug use was a contributing factor but not the direct cause of the death).

If a death is *drug-related*, you must indicate whether the role of the drug in the death is *confirmed* or *presumed*.

Enter *confirmed* if the death investigation yielded enough information to determine conclusively that drug use was involved in the death.

Enter *presumed* if drug use is suspected to have contributed to the death, but conclusive evidence was not obtained in the course of the death investigation.

Item #14: Substance(s) Involved

The amount of specific drug information collected by DAWN sets DAWN apart from all other drug data systems. The specificity of the DAWN data is essential for most drug data analyses. For example, information from DAWN is used to determine the abuse potential of particular prescription drugs and to monitor trends in illicit drug use. This item, which is the core of the data collected in DAWN, captures the **substance(s)** implicated in the DAWN case, whether the presence of the substance was confirmed by a **toxicology test**, and the **route of administration**, if known.

14. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the death. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names.

SAMSUA USE ONLY										Substance (record verbatim)	Mark [x] if confirmed by toxicology test	Route of Administration Circle one:					
												Oral	Injected	Inhaled, sniffl	Smoked	Other	Not documented
1											<input type="checkbox"/>	1	2	3	4	5	8
2											<input type="checkbox"/>	1	2	3	4	5	8
3											<input type="checkbox"/>	1	2	3	4	5	8
4											<input type="checkbox"/>	1	2	3	4	5	8
5											<input type="checkbox"/>	1	2	3	4	5	8
6											<input type="checkbox"/>	1	2	3	4	5	8
7	C	2	0	0	0	2	9	Alcohol involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Not documented			<input type="checkbox"/>	1	2	3	4	5	8

SMA 100-2 REV. 12/2002 SEE BURDEN STATEMENT ON BACK

Using all available documentation in the record, list the substances that caused or contributed to the death. Do not report substances taken as prescribed or labeled if they are unrelated to the condition that caused the death.

Substances that may be reported to DAWN are:

- Illicit drugs, such as cocaine, heroin, and marijuana
- Prescription medications, such as Valium, alprazolam, Vicodin, oxycodone.
- Over-the-counter medications (OTCs), such as aspirin, Motrin, and Tylenol

- Dietary supplements, including vitamins, minerals, and herbal supplements (e.g., St. John's Wort)
- Alcohol, with some restrictions noted below
- Non-pharmaceutical inhalants, with some restrictions noted below

Record all substances as specifically as possible:

- Record **brand** (trade) name first, if it is available (e.g., Advil).
- If brand name is not available, record **generic** name (e.g., ibuprofen).
- If neither brand nor generic name is available, record **chemical** name.
- If brand or generic name is not available, record the **metabolite** (e.g., benzoylecgonine is a metabolite for cocaine).
- If none of the above are available, record **drug type** (e.g., benzodiazepines).
- If the record indicates **poly-substance** abuse; that is, no specific drug brand, generic or chemical name is given, record **poly-substance**.
- If none of the above, list **unknown** or **unidentified drug**.

For example, the record indicates that the decedent ingested cocaine and OxyContin. Another part of the record refers to the cocaine as “crack” and OxyContin as “oxycodone.” Record crack, which is a type of cocaine, and OxyContin, which is a brand of oxycodone. Refer to the *DAWN Drug Index* for help.

You may include as many as **six** substances. **Do not record the same substance under two different names unless it was consumed by different routes.** For example, if heroin is the only substance documented, do not record “heroin” on one

line and “opiates” on a second line. If heroin was injected and snorted, record “heroin” on two lines with route of administration coded accordingly.

If there are more than six substances documented in the record, include the six that contributed most to the death, in the following order:

- Any and all recently used illicit drug(s) associated with the death and/or
- All non-pharmaceutical substances that were inhaled and associated with the death and/or
- Any and all prescription drug(s) or OTC(s) that were NOT taken according to direction and/or
- Any and all prescription drug(s) or OTC(s) taken according to direction, to which the decedent had an adverse reaction

Non-pharmaceutical Inhalants – To be reported to DAWN, a non-pharmaceutical inhalant must have been inhaled. Sniffing, snorting, and huffing are other terms that mean inhaled. “Inhaled” means that the substance was taken into the respiratory system through the nose or mouth. If the record does not indicate that a non-pharmaceutical was inhaled, sniffed, or snorted, do NOT report the substance.

To be reported to DAWN, a non-pharmaceutical inhalant must have psychoactive properties when inhaled. Only three types of substances qualify:

- **Volatile solvents**, which include:
 - adhesives (model airplane glue, rubber cement, household glue),
 - aerosol sprays (spray paint, hairspray, air freshener, deodorant, fabric protector, and food products),

- liquid and gaseous solvents (nail polish remover, paint thinner, correction fluid, toxic enterers, pure toluene, cigarette lighter fluid, gasoline, carburetor cleaner, octane booster),
- cleaning agents (dry cleaning fluid, spot remover, degreaser)
- **Nitrites**, which include:
 - amyl nitrite (“poppers,” “snappers”)
 - butyl nitrite (“rush,” “locker room,” “bolt,” “climax,” “video head cleaner”)
- **Chlorofluorohydrocarbons**, such as Freon and other refrigerant gases

Do not report inhalation of non-volatile gases, such as carbon monoxide. A death by carbon monoxide poisoning is not a DAWN case.

A list of non-pharmaceutical substances that are reportable is listed in the *DAWN Drug Index*, which is updated regularly.

These special rules apply only to non-pharmaceutical substances.

Therefore:

- Anesthetic gases, such as nitrous oxide and ether, are pharmaceuticals and are reported to DAWN the same as any other pharmaceutical, i.e., regardless of route of administration.
- Illicit drugs, prescription and over-the-counter medications, and dietary supplements are reported to DAWN without considering how they were consumed.

Toxicology. If a toxicology test was performed and returned positive, enter *Confirmed by toxicology test*. If the toxicology report for that drug was negative, the substance should not be listed.

Alcohol – Line 7 is used to indicate if alcohol was involved and contributed to the death. Do not record alcohol on any other line. If alcohol is the only substance implicated in the death, record it only if the

decedent is under age 21. If alcohol is the only substance and the decedent is age 21 or older, it is not a DAWN case.

- **The difference between “No” and “Not Documented”** – *No* is only used if the record specifically states that there was no alcohol involved in the death. For example, the toxicology report was negative for ETOH. If the record does not mention alcohol, enter *Not documented*.

Route of Administration – For each substance listed in Item #11, indicate the route of administration documented in the record. If the route of administration is not documented in the record, enter *Not documented*. The pre-recorded routes of administration are defined below.

Note: Do not make assumptions about how the substance was consumed; drug users are very creative. For example, do not assume that alcohol was consumed orally, that antibiotics were taken orally, that marijuana was smoked, that cocaine was snorted, or that heroin was injected.

- **Oral** – Substance was taken by mouth and swallowed.
- **Injected** – Substance was administered via needle. Intravenous (IV) use would be included in this category.
- **Inhaled/sniffed/snorted** – Substance, regardless of form (nitrous oxide, powder, etc.), was aspirated (taken into the respiratory system) through the nose or mouth. “Huffing” would be included in this category.
- **Smoked** – Substance was smoked (includes freebase).
- **Other** – All other routes of administration.
- **Not documented** – To be used whenever the route of administration is not documented in the decedent’s record.

If there were multiple routes of administration, record the same drug by the same name on multiple lines. For example, if cocaine was both freebased and snorted, record cocaine on two lines and enter *smoked* on one line and *snorted* on the other.

However, do not record the same substance by different names. For example, the record indicates that the decedent took “Valium,” and the toxicology test is positive for

benzodiazepines. Valium is a brand of diazepam, which is a benzodiazepine. Record only Valium and enter *Confirmed by toxicology test*. Refer to the *DAWN Drug Index*.

Remember: The DAWN ME case form does not need to be completed in sequential order. You may complete the form in the most convenient way possible, filling in the data as you find it or as it is sorted in the record. The most important point to remember is to fill out all the items.

3.4 Specific Guidelines for DAWN Paper Forms

An important goal of DAWN is to achieve paperless reporting in 2003. The eMERS User Guide provides detailed procedures for electronic reporting. If you are still reporting on paper, you should follow the guidelines detailed below.

- Save Your Copies

Save your copies of the ME Case Form for 12 months. You may need the copies for future reference. Store copies in a secure location.

- Blank Items

It is important that you complete all items on the DAWN ME Case Form. Never leave items blank if there is an appropriate response category on the form. Westat will not know if you skipped the data item or if the response was missing from the record.

If there is a *Not documented* response category for the item and the item is not in the record, enter *Not documented* instead of leaving it blank. Some data items do not have a *Not documented* response category. For example, Item #14 contains a toxicology question that is to be answered ONLY if a toxicology test was performed and confirmed the substance was present. In that case, your only choice is to leave the box blank if a toxicology test was not done.

- Legibility

When completing paper forms, make sure that all items you record are legible. Items that cannot be read easily by the DAWN staff may result in errors in the DAWN data or calls from Westat to clarify the entry.

If you can't read the handwriting in the record, ask for assistance whenever possible. If possible, ask the person whose writing you can't read. If that is not possible, ask someone else who is familiar with the handwriting.

- Number of Forms Per Case

Never use more than one ME Case Form for each case. This will only cause confusion.

Chapter 4. Packing Slip and Activity Report Form

4.1 Reporting DAWN Data to Westat

This chapter addresses the DAWN Reporter's responsibilities that come after the *ME Case Forms* have been completed for DAWN cases. In addition to completing the ME Case Forms, Reporters must: (1) send completed cases to Westat and (2) complete and send to Westat the *ME Activity Report Form*.

For DAWN Reporters using paper forms, the completed ME Case Forms must be mailed to Westat, accompanied by the *ME Cases Packing Slip*, which indicates how many cases are included in that package. DAWN cases entered in the eMERS reporting system are submitted to Westat electronically as they are entered and are counted automatically.

Monthly, DAWN Reporters using paper forms also complete the ME Activity Report Form and send it to Westat. This form will include the number of deaths that the ME reviewed and the number of decedent records the Reporter reviewed that month. For DAWN Reporters using eMERS, see the eMERS User Guide for instructions on how to submit the ME Activity Report in eMERS.

4.2 ME Cases Packing Slip (for paper reporting only)

DAWN Reporters mail completed paper forms to Westat in pre-printed, postage-paid envelopes provided for this purpose. Each package will include the completed ME Case Forms and a completed ME Cases Packing Slip (see Exhibit 4-1). The packing slip must accompany the DAWN Case Forms. The packing slip tells Westat

how many cases are included in the package and is used to ensure that all case forms are accounted for.

Do not let completed DAWN cases “pile up.” As soon as paper ME Case Forms are completed, preferably weekly, record on the ME Cases Packing Slip the number of completed Case Forms attached and mail them to Westat.

Exhibit 4-1. ME cases packing slip



ME Cases Packing Slip

Facility ID:

#1

Facility Name:

Number of DAWN ME Case Forms attached:

#2

Signature:

#3

Date:

#4

Print Name:

#5

WHITE COPY – WESTAT

YELLOW COPY – DAWN REPORTER

The items on the packing slip and instructions for completing each item are described in the table below. The item numbers are identified in Exhibit 4-1. Filling in each item on this form is required for Westat to process the DAWN cases.

#	Item	Description
1.	Facility ID and Facility Name	This information is preprinted on the form.
2.	Number of DAWN ME Case Forms attached	Record the total number of completed DAWN ME Case Forms being sent to Westat in this package. This total should reflect all the forms included in the mailing by the Reporter who signs in Item #3.
3.	Signature	Sign here to attest that you completed the cases attached to/enclosed with the ME Cases Packing Slip.
4.	Date	Write the date the Packing Slip was completed and the package is being mailed.
5.	Print Name	Print your name clearly. This should be the same name as in Item #3, identifying the person who actually completed the DAWN ME Case Forms attached/enclosed. <u>Note:</u> If the name is not clearly printed, delays in processing and payment may occur.

The following scenario describes the steps the Reporter took that resulted in the completed ME Cases Packing Slip shown in Exhibit 4-2.

The DAWN Reporter completed 50 ME Case Report Forms during the week of March 3-10. Five Case Forms were for deaths that occurred in February 2003, and 45 Case Forms were for deaths that occurred in March 2003. On March 11, the Reporter completed the ME Cases Packing Slip and sent it to Westat with the 50 completed Case Forms.

Exhibit 4-2. Completed ME cases packing slip



ME Cases Packing Slip

Facility ID: 9804233

Facility Name: Gotham City Medical Examiner

Number of DAWN ME Case Forms attached: 50

Signature: Lucy Norman Date: 5/6/03

Print Name: Lucy Norman

WHITE COPY – WESTAT

YELLOW COPY – DAWN REPORTER

4.3 ME Activity Report Form

DAWN Reporters must account for and report to Westat the total number of deaths reviewed by the ME/C for each month and the number of records that he or she reviewed to identify DAWN cases. For DAWN Reporters using paper forms, the ME Activity Report Form is used to record this information. Typically, this form is sent to Westat at the end of every calendar month.

NOTE:

If you submit ME Case Forms weekly, you may send the ME Activity Report Form with the last package of completed Case Forms for the month.

The items on the ME Activity Report Form are described in the table below. Exhibit 4-3 shows the paper version of this form and shows the item numbers referenced in the table. DAWN Reporters using eMERS provide the same information in an electronic format (see the eMERS User Guide).

Exhibit 4-3. ME Activity Report Form

Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)

Medical Examiner Activity Report Form

FORM APPROVED
OMB NO. 0930-0078
EXPIRES 12/31/2005

Facility ID **#1**

Please list only deaths and charts directly reviewed that were **not** reported on any previous *DAWN Activity Report*.

#2 For the month of...	#3 Total deaths	Charts #4 directly reviewed	#5 Comments
January 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
February 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
March 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
April 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
May 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
June 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
July 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
August 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
September 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
October 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
November 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	
December 2003	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	

By signing below I certify that the information presented above is true and accurate to the best of my knowledge. The numbers reported on this form were not included in counts reported on a previous *DAWN Activity Report*. I understand that this information may be audited for accuracy.

Print Name: **#6** Signature: **#7**
 Date: **#8**

#	Item	Description
1.	Facility ID	Enter the same DAWN Facility ID that you recorded on the ME Case Forms for the same ME covered by this Activity Report.
2.	Month	Indicates the calendar month in which the deaths occurred.
3.	Total Deaths	Provide the total number of deaths during the month indicated on the row. Only include those deaths where the ME/C either saw the body or reviewed the decedent's record. If the ME/C did not see the body or review the decedent's record (e.g., the ME/C only certified the death or signed the death certificate), do not include those deaths in the count of Total Deaths for the month.
4.	Charts Directly Reviewed	Indicate the total number of records that you directly reviewed to identify and complete DAWN cases, from the total deaths entered for that month. If you have completed reviewing all of the records for deaths that month, this number will equal the number in Item #3.
5.	Comments	Provide any comments about the ME deaths and records reviewed for the month indicated.
6.	Print Name	Print your name clearly. This should be the same name as the person who signs in Item #7.
7.	Signature	Sign to attest that you are the DAWN Reporter who prepared and is submitting the total deaths count and who reviewed the number of records listed. By signing, you also attest that the numbers reported are accurate and have not been reported on a previous ME Activity Report Form.
8.	Date	Write the date the Activity Report Form was completed and is being sent.

The guidelines below will assist you in completing the ME Activity Report Form completely and accurately.

“Month” refers to the date of the deaths

The months listed on the ME Activity Report Form refer to the month in which the death occurred. This is not the date you reviewed the record or the date you completed or sent the ME Case Form.

For example:

- You will get a count of all deaths where the body was seen or the record reviewed by the ME/C that occurred between January 1 and January 31. Write this number on the line for “January 2003” under “Total Deaths.”
- Then, enter the number of “Charts Directly Reviewed” on the line for “January 2003.” If all records were reviewed, this number will be equal to the “Total Deaths” count for the month. If some records cannot be reviewed or the review is still in progress, this number will be less than the “Total Deaths” count for January 2003.

When to send the ME Activity Report Form

DAWN data are most useful if they are timely. We encourage you to send completed case forms frequently; at least monthly. However, you only send the ME Activity Report Form when you have finished reviewing all records that were available for a month. If you were not able to review all the records for the month, enter a comment explaining why the remaining records were not reviewed. The expectation is that you will review the remaining records at a later date.

Complete and send the ME Activity Report Form only when you have reviewed records and have activity to report. If you have determined the “Total Deaths” count for a month, but have not begun reviewing the records for DAWN cases, do not submit an ME Activity Report Form. Submit the Activity Report when you have reviewed some or all of the records.

Reporting additional records reviewed, after you have already reported some of the records during a prior month

If you have already reported the “Total Deaths” count for the month on an earlier ME Activity Report Form, do not report the same information again. Only report the additional number of records from that month that you have reviewed.

What to do before sending the completed Activity Report Form to Westat

After completing the rows for “Total Deaths” and “Charts Directly Reviewed” for the particular month, sign and date the ME Activity Report Form. Separate the copies and mail the white top copy of the ME Activity Report Form to Westat, and keep the yellow copy on record in a secure location for at least 12 months.

The following scenario describes the Reporter activity that resulted in the completed ME Activity Report Form shown in Exhibit 4-4.

The DAWN Reporter completed and sent this form to Westat on May 7, 2003.

There were 40 deaths reviewed by this ME in April. The DAWN Reporter wrote “40” in the “April 2003” row for “Total Deaths.”

During that month, the DAWN Reporter was able to locate and review 34 records for deaths that occurred in April. The DAWN Reporter wrote “34” in the “April 2003” row for “Charts Directly Reviewed.” The DAWN Reporter made a note about the remaining 6 records for deaths that he or she needs to locate and review at a later time.

Since submitting the ME Activity Report Form for March 2003, the Reporter also located and reviewed 5 records for deaths that occurred in February and 6 records for deaths that occurred in March. These are records that had not been reviewed at the time the Reporter sent the ME Activity Report Form during the previous months. The Reporter wrote “5” and “6” in the rows for “February” and “March” under “Charts Directly Reviewed.”

Exhibit 4-4. Completed ME activity report form

Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)

Medical Examiner Activity Report Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

Facility ID 9804233

Please list only deaths and charts directly reviewed that were not reported on any previous *DAWN Activity Report*.

For the month of...	Total deaths	Charts directly reviewed	Comments
January 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
February 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div>5</div></div>	<i>Located rest from Feb.</i>
March 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div>6</div></div>	<i>Located rest from Mar.</i>
April 2003	<div><div></div><div></div><div>40</div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div>34</div><div></div></div>	<i>Need to track down 6</i>
May 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
June 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
July 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
August 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
September 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
October 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
November 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
December 2003	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

By signing below I certify that the information presented above is true and accurate to the best of my knowledge. The numbers reported on this form were not included in counts reported on a previous *DAWN Activity Report*. I understand that this information may be audited for accuracy.

Print Name: Lucy Norman Signature: Lucy Norman

Date: 5/7/03

SMA 100-4 REV. 12/2002
SEE BURDEN STATEMENT ON CASE FORMS

WHITE COPY – WESTAT YELLOW COPY – DAWN REPORTER

4.4 DAWN Payment Deadlines

To be a true “warning network,” DAWN must receive timely data. We ask Reporters to review records and complete DAWN ME Case Report forms continuously and frequently. To meet the schedule required by SAMHSA for the DAWN data collection, Westat expects submission of DAWN ME Case Forms at least monthly. We encourage Reporters not to wait to locate and review records that are not immediately available. Instead, every month send the cases you have completed and keep a record of those you need to locate for later review. Frequent reporting also ensures better access to records.

The *DAWN Payment Calendar for 2003* specifies two sets of critical dates for DAWN facility/Reporter payment each month: (1) the monthly deadline for receipt of DAWN data at Westat to make facility/Reporter payments and (2) the monthly payment date. These dates are defined as follows:

- The ***10th of every month*** – is the date each month by which completed ME Case Forms and the ME Activity Report Form must be received at Westat to be included in payments for that month. If the 10th of the month falls on a weekend, the reporting deadline will be extended to the following Monday (the 11th or 12th).
- The ***26th of every month*** – is the date when facility/Reporter payments will be mailed by Westat. If the payment date falls on a weekend day, the payment day will be the prior Friday (the 24th or 25th).

IMPORTANT:

To be considered for payment on the 26th of the month, the completed ME Case Forms and the count of the number of records reviewed on the ME Activity Report Form must be received at Westat by the reporting deadline, the 10th of the month.

These deadlines apply to paper and electronic reporting. ME Case Forms and ME Activity Report Forms received at Westat after the monthly deadline for receipt will be reflected in the payment made on the 26th of the following month. **There will be no exceptions.**

Glossary of Commonly Used DAWN Terms

Adverse reaction: In DAWN, an allergic or other adverse event or toxicity associated with taking a prescription or over-the-counter drug or dietary supplement according to directions. Includes drug-to-drug interactions and alcohol-drug interactions.

Brand name (or Trade name): Drug name that is proprietary and protected by a pharmaceutical manufacturer's registered trademark. Examples include Valium (generic name is diazepam) and Advil (generic name is ibuprofen). The brand is the most specific way to report a drug to DAWN and is preferred over all less specific names.

Coroner: Death investigation jurisdictions typically use either a medical examiner system or a coroner system. Unlike medical examiners, coroners need not be physicians. Coroners are typically elected rather than appointed.

Data item: Each of the 14 individual data elements captured by the Reporter on the ME Case Report Form.

DAWN: The Drug Abuse Warning Network, a national public health and substance abuse data collection system. DAWN is the responsibility of the Office of Applied Studies (OAS), a component of Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services.

DAWN ME Case Form: The paper or electronic form on which the DAWN Reporter records data items that characterize each reportable DAWN Case.

DAWN Reporter: The person responsible for reviewing charts, identifying DAWN Cases, recording data items, and submitting them to Westat. This person may be a member of the facility's staff or an Independent Reporter on Westat's staff.

Drug category: A grouping of related drugs or substances in the DAWN Drug Reference Vocabulary. Examples of drug categories include major substances of abuse, amphetamines, psychotherapeutic agents, narcotic analgesics, and benzodiazepines.

Drug-induced death: A death directly resulting from the use, misuse, or abuse of a drug(s) or substance(s). Examples of such deaths include drug overdoses or adverse reactions to drugs taken as directed.

Drug Reference Vocabulary (DRV): The comprehensive set of terms and codes used by DAWN to identify and classify drugs and other reportable substances. The DRV is updated monthly and contains thousands of terms for illicit drugs, prescription and over-the-counter medications, dietary supplements, and non-pharmaceutical inhalants. The DRV represents substances by generic, brand, and chemical names, metabolites, and street terms. The DRV is based on the *Multum Lexicon*, Copyright © 2002, Multum Information Services, Inc., which has been modified to meet DAWN's unique requirements (2002).

Drug-related death: “Drug-related” means that the use, misuse or abuse of a drug(s) or substance(s) has contributed to the death, but did not directly cause it. Examples of such cases include accidents or injuries resulting from drug use.

DRV: See **Drug Reference Vocabulary**.

Facility ID: A seven-character identifier unique to each participating facility. This ID must be entered on each paper ED Case Report Form to link the form with the facility providing the data (the Facility ID is computer-generated in eMERS).

Facility Liaison (FL): The traveling DAWN staff member who is in direct contact with the facility and DAWN Reporters. This Westat employee is responsible for providing face-to-face training, resolving reporting problems, and handling other quality control issues.

Form number: A number unique to each DAWN case. The form number is preprinted at the top left of each paper ME Case Form and is computer-generated in eMERS.

Generic name: The name of a drug that is not proprietary and not protected by a trademark. The generic name is often descriptive of the drug's chemical structure. Examples include diazepam (a common brand name is Valium) and ibuprofen (common brand names include Advil and Motrin).

Home Office: The DAWN Operations Center headquarters in Rockville, MD. Regional Monitors and other staff based at the home office are responsible for monitoring and processing data submissions and maintaining quality control.

Inhalants: Inhalants include anesthetic gases and certain nonpharmaceuticals that are inhaled. Anesthetic gases (for example, nitrous oxide, ether, chloroform) are presumed to have been inhaled because they are gases or are delivered as gases. To be classified as an inhalant, a nonpharmaceutical substance must have a psychoactive effect when inhaled, sniffed, or snorted. Psychoactive nonpharmaceuticals fall into one of 3 categories: **(1) volatile solvents**, which include adhesives (model airplane glue, rubber cement, household glue), aerosols (spray paint, hairspray, air freshener, deodorant, fabric protector), solvents and gases (nail polish remover, paint thinner, correction fluid and thinner, toxic markers, pure toluene, cigar lighter fluid, gasoline, carburetor cleaner, octane booster), cleaning agents (dry cleaning fluid, spot remover, degreaser), food products (vegetable cooking spray, dessert topping spray such as whipped cream, whippets), and gases (butane, propane, helium); **(2) nitrites**, which include amyl nitrites (“poppers,” “snappers”) and butyl nitrites (“rush,” “locker room,” “bolt,” “climax,” “video head cleaner”); or **(3) chlorofluorohydrocarbons** (freons).

Intoxication: The condition produced by the toxic effect of a drug(s), often alcohol.

ME Activity Report Form: A one-page form on which the Reporter records the number of deaths that occurred during a month and the number of decedent records reviewed for that month. This form is typically sent to Westat once a month. It is usually submitted separately from DAWN Cases.

ME Cases Packing Slip: The one-page inventory that accompanies each package of paper ME Case Forms mailed to Westat. The Packing Slip contains the number of DAWN Case Reports (paper forms) included in the mailing.

Not documented: A category indicating that the documentation in the chart did not contain a response for the data item. “Unknown.”

Overdose: In DAWN, a condition associated with consumption of an excessive or toxic quantity of a drug or other substance.

Overmedication: In DAWN, a case in which the patient took more than the recommended dose of a prescription or over-the-counter drug or dietary supplement. Includes taking extra dose(s) to make up for a missed dose, from forgetting they had taken a dose, or to treat symptoms that did not subside with the recommended dose.

Route of administration: The manner by which the drug was introduced into the patient’s body. Includes oral (swallowed, by mouth); injected (administered by needle, by intramuscular or intravenous injection); inhaled, sniffed, snorted (aspirated, taken into the respiratory system by nose or mouth); or smoked (taken into the respiratory system as smoke from a burning substance).

Street term/slang: Informal, unconventional, or slang name for a drug, usually an illegal drug. Examples include Angel Dust (PCP), Weed (marijuana), Crank (amphetamine/methamphetamine), Speed (amphetamine/methamphetamine), Acid (LSD), Ecstasy (MDMA), Horse or Smack (heroin), Roofies (Rohypnol), and Crack (cocaine). Street terms are documented in the DAWN Drug Reference Vocabulary. Street terms or slang names for drugs may vary across geographic locations or time. New terms are added to the DAWN Drug Reference Vocabulary as they become known.

Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA is an agency of the U.S. Department of Health and Human Services (DHHS). SAMHSA is required by law to collect data on drug-related emergency department visits and drug-related deaths investigated by medical examiners and coroners.

Westat: A private research firm based in Rockville, MD. Under contract with SAMHSA, Westat is responsible for the operation of the DAWN data collection system and Operations Center.